

Module 7 OB/GYN Emergencies

1. **The term for a baby developing inside the mother's womb after week 8 is:**
 - a. infant.
 - b. chorion.
 - c. fetus.
 - d. neonate.
2. **The muscular organ in which a baby develops during pregnancy is called the:**
 - a. fetal membrane.
 - b. placenta.
 - c. uterus.
 - d. amniotic sac.
3. **What is the temporary organ of pregnancy, which functions to supply the developing fetus with oxygen and nutrients?**
 - a. Cervix
 - b. Uterus
 - c. Amnion
 - d. Placenta
4. **Which of the following BEST describes the term *crowning*?**
 - a. Complete dilation of the cervix
 - b. The presenting part of the baby being visible at the vaginal opening
 - c. The delivery of the head during a breech birth, completing delivery
 - d. A discharge of bloody mucus
5. **During which stage of labor is the baby born?**
 - a. Ninth
 - b. First
 - c. Second
 - d. Third
6. **Which of the following describes a breech presentation?**
 - a. The infant presents buttocks first.
 - b. The infant presents with both feet first.
 - c. The infant presents face first.
 - d. Both A and B
7. **Which of the following BEST describes the events that occur during the first stage of labor?**
 - a. Rupture of the amniotic sac
 - b. Expulsion of the fetus through the birth canal
 - c. Expulsion of the placenta
 - d. Thinning and dilation of the cervix
8. **You are assessing a 27-year-old female who is 9 months pregnant with her first child. She has been having contractions for the past 6 hours. As you are about to assist her to your cot, she asks you to wait because she feels the need to use the bathroom first. Which of the following is the BEST course of action?**
 - a. Tell the patient she needs to be transported immediately and using the bathroom will have to wait until she arrives at the hospital.
 - b. Advise the patient that this could be a sign of a serious complication, have her lie on her left side, apply high-concentration oxygen, and transport immediately.
 - c. Allow the patient to use the bathroom as it will make transport, and also delivery, more comfortable.
 - d. Advise the patient that this could be an indication that the baby is ready to be born and you need to check to see if the baby's head is visible.

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9. **Which of the following describes the normal appearance of amniotic fluid?**
 - a. A fluid containing blood and mucus
 - b. Thin fluid, greenish-yellow in color
 - c. Clear and colorless fluid
 - d. Thick fluid, greenish-black in color
10. **Which of the following is the correct way to time the frequency of contractions in the pregnant woman?**
 - a. From the beginning of a contraction to the end of the same contraction
 - b. From the end of one contraction to the beginning of the next
 - c. From the beginning of one contraction to the beginning of the next
 - d. After counting the number of contractions in a 15-minute period, multiply by 4
11. **Which of the following is NOT part of a basic obstetrics kit?**
 - a. Umbilical cord clamps
 - b. Surgical scissors
 - c. A baby blanket
 - d. A packet of suture material
12. **If assisting in a prehospital delivery while off-duty, which of the following would be the BEST choice for tying or clamping the umbilical cord?**
 - a. A section of wire coat hanger
 - b. A pair of shoelaces
 - c. White cotton thread
 - d. A clothespin
13. **Which of the following is the correct technique to check for crowning in the assessment of a woman in labor?**
 - a. Ask the woman to "push" or "bear down" as you inspect the vaginal opening.
 - b. Place your hand on the woman's abdomen, just above the umbilicus, and check for the firmness of the uterus during contractions.
 - c. Cover her with a sheet, have her remove her underwear, wait for a contraction, and then visualize the vaginal opening.
 - d. None of the above
14. **Which of the following may result from a woman in her third trimester of pregnancy lying in a supine position?**
 - a. Fetal compromise
 - b. Maternal hypotension
 - c. The mother's body attempting to compensate for shock
 - d. All of the above
15. **When assisting with a delivery in the field, which of the following should be done as the head begins to emerge from the vagina?**
 - a. Check for crowning.
 - b. Advise the mother not to push or strain.
 - c. Apply gentle pressure to the head with your gloved hand.
 - d. All of the above
16. **If the baby's head is delivered with the amniotic sac still intact, which of the following should be done first?**
 - a. Use your fingers to tear the sac away from the baby's face.
 - b. Leave the sac intact until the entire body is delivered.
 - c. Use the scissors in the obstetrics kit to cut the sac away from the baby's head.
 - d. Call medical control before taking action.

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17. **If the baby's umbilical cord is noted to be wrapped around his neck after the head is delivered, which of the following should be done?**
- Clamp the cord in two places but do not cut it until the baby is delivered.
 - Try to slip the cord over the baby's head and shoulder.
 - Transport emergently without further intervention.
 - Immediately cut the cord before delivering the baby.
18. **Which of the following is NOT advisable following complete birth of the infant?**
- Dry the infant and wrap him in a blanket.
 - Keep the infant at the level of the mother's vagina until the cord is clamped and cut.
 - Place the infant on his side with his head slightly lower than his body.
 - Hold the infant by the ankles to allow the airway to drain.
19. **Which of the following should be done when the infant's head has been delivered?**
- Check to see if the umbilical cord is around the neck.
 - Suction the mouth.
 - Suction the nose.
 - All of the above
20. **All of the following are signs of adequate breathing and circulation in the newborn EXCEPT:**
- heart rate greater than 100.
 - relaxation of the extremities.
 - cyanosis of only the hands and feet.
 - vigorous crying.
21. **You have assisted in the delivery of a full-term infant by suctioning the mouth and nose as the head was delivered and again following complete delivery. The infant is not yet breathing. Which of the following is the correct sequence of interventions?**
- Perform a series of back blows and chest thrusts interposed with mouth-to-mouth ventilation.
 - Transport without further intervention.
 - Rub the infant's back, tap the bottom of his foot, begin bag-valve-mask ventilations, and check the pulse.
 - Begin bag-valve-mask ventilations, suction the airway with a rigid tonsil tip, and begin CPR.
22. **Your patient is an infant who has just been delivered 3 weeks before her due date. She is breathing adequately, has a heart rate of 140 beats per minute, and has cyanosis of her face and chest. Which of the following interventions should be done first?**
- Perform ventilations with a bag-valve-mask device and supplemental oxygen.
 - Place oxygen tubing near the infant's face at a flow rate of 10 to 12 liters per minute.
 - Begin CPR with a compression rate of 120/minute.
 - Place a neonatal nonrebreather mask on the infant's face.
23. **When clamping the umbilical cord, the clamp closest to the baby should be approximately _____ inch(es) from the infant's body.**
- 3
 - 12
 - 1
 - 7
24. **Which of the following conditions should be present before the umbilical cord is cut?**
- The infant is breathing on her own.
 - The cord is no longer pulsating.
 - The cord is clamped in two places.
 - All of the above

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25. **Normal maternal blood loss during delivery of an infant usually does not exceed how much?**
- 100 cc
 - 250 cc
 - 1,000 cc
 - 500 cc
26. **Which of the following should the EMT do to control maternal bleeding after delivery of the baby?**
- Apply direct pressure with a sanitary napkin over any perineal lacerations.
 - Allow the infant to nurse, if possible.
 - Massage the uterus until it is firm and grapefruit-sized.
 - All of the above
27. **Which of the following is indicated in the prehospital management of a prolapsed umbilical cord?**
- Immediately clamp the cord in two places and cut it between the clamps.
 - Encourage the mother to push forcefully in order to speed delivery.
 - Use your gloved hand to push the umbilical cord back up through the cervix.
 - Place the mother in a head-down position with pillows under her hips.
28. **In which of the following situations should the mother be transported immediately?**
- The mother experiences a severe, tearing sensation in her abdomen during labor and the outline of the fetus can be felt through the abdominal wall.
 - The infant's arm is the presenting part.
 - Delivery is not imminent and there is about 500 cc of painless, bright red bleeding.
 - All of the above
29. **Which of the following is true concerning prehospital delivery of twins?**
- There are always two placentas.
 - The umbilical cord of the first infant must not be cut until the second infant is born.
 - This is a true emergency and cannot be managed outside the hospital setting without additional help.
 - The infants will probably be smaller than a single infant and need attention in keeping them warm.
30. **Which of the following is true of premature infants?**
- They are at risk for respiratory difficulty.
 - They are more susceptible to infection.
 - They can easily develop hypothermia.
 - All of the above
31. **Which of the following is the highest priority to the EMT in delivery of an infant with meconium-stained amniotic fluid?**
- Checking for fever
 - Vigorously rubbing the infant's back immediately upon delivery to stimulate breathing
 - Being prepared to suction the infant immediately before he takes a breath
 - None of the above
32. **Which of the following BEST describes placenta previa?**
- The placenta prematurely separates from the uterine wall.
 - The pregnancy is lost before the 20th week of gestation.
 - The umbilical cord is the presenting part.
 - The placenta is implanted over the opening of the cervix.
33. **Which of the following is a common sign of a pre-delivery emergency?**
- Contractions become more intense and closer together.
 - The amniotic sac ruptures.
 - The placenta fails to deliver within 20 minutes of the infant's birth.
 - There is profuse vaginal bleeding.

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34. **Seizures due to complications of pregnancy generally occur during which of the following time periods?**
- In the first trimester
 - In the second trimester
 - Before the mother even knows she is pregnant
 - Late in pregnancy
35. **Which of the following is NOT relevant in determining whether or not delivery is imminent for a woman in labor?**
- Determining if the patient feels as if she needs to move her bowels
 - Finding out how many pregnancies the patient has had
 - Phoning the patient's obstetrician for advice
 - Asking how long ago the contractions began
36. **When delivering a baby, you should do all of the following EXCEPT:**
- have someone stay at the mother's head if possible.
 - suction the mouth first, then the nose.
 - place your fingers in the armpit to assist with delivery of the shoulders.
 - position your gloved hands at the vaginal opening.
37. **By definition, a premature infant is one who is born before how many weeks of the pregnancy?**
- 40
 - 37
 - 34
 - 28
38. **An infant's birth weight is considered low if it is less than _____ pounds.**
- 4.5
 - 2.5
 - 5.5
 - 3.5
39. **When caring for a premature baby, which of the following is appropriate?**
- Wrapping the infant in a blanket, covering his head, and keeping the temperature in the ambulance between 90°F and 100°F
 - Deeply suctioning the airway with a rigid tonsil-tip
 - Applying high-concentration oxygen with a neonatal nonrebreather mask
 - Encouraging family members to hold the infant
40. **Supine hypotensive syndrome is easily prevented by transporting the pregnant female in which of the following positions?**
- Supine, with the head lower than the hips
 - Lying on her left side
 - On her hands and knees with her hips elevated
 - Tilted slightly onto the right side
41. **Which of the following is true concerning trauma in the pregnant woman?**
- The mother's body will preferentially protect the life of the fetus over that of the mother.
 - She may lose up to 35 percent of her blood volume before exhibiting signs of shock.
 - The increase in blood volume during pregnancy makes shock an unlikely cause of death.
 - All of the above
42. **Which of the following is true concerning a stillborn baby?**
- Infants born in cardiopulmonary arrest should not be resuscitated.
 - The parents should never be allowed to see the baby, especially if it has begun to deteriorate.
 - The death may occur weeks before delivery.
 - Resuscitation must always be attempted.

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43. **Which of the following is a cause of gynecological emergencies?**
- a. Soft-tissue trauma to the external genitalia
 - b. Sexual assault
 - c. Disorders of the female reproductive organs
 - d. All of the above
44. **Which of the following is of greatest concern for the EMT in the prehospital care of a woman with vaginal bleeding?**
- a. Finding out if the patient is currently sexually active
 - b. Monitoring for hypovolemic shock
 - c. Obtaining a thorough gynecological history
 - d. Preventing infection
45. **While treating a patient of sexual assault, your treatment should follow which of the following sequences?**
- a. Treat immediate life threats, treat psychological needs, and protect criminal evidence.
 - b. Maintain scene safety, treat immediate life threats, and treat only the secondary injuries that may become life threats to protect criminal evidence.
 - c. Maintain scene safety, treat immediate life threats, treat medical and psychological needs, and protect criminal evidence.
 - d. Maintain scene safety, treat immediate life threats, allow the patient to shower if the patient is capable to help treat psychological needs, and transport.
46. **You are assessing a newborn patient 1 minute after delivery. You notice the patient has blue extremities with a pink trunk, a pulse of 120, and strong crying with good movement of all extremities. What is the newborn's APGAR score?**
- a. 7
 - b. 10
 - c. 9
 - d. 8
47. **Traditionally an APGAR score is taken at what time intervals after birth?**
- a. 5 and 10 minutes
 - b. 2 and 7 minutes
 - c. 1 and 5 minutes
 - d. 1 and 6 minutes
48. **The greatest danger to the pregnant woman and her fetus involved in trauma is which of the following?**
- a. Neurogenic shock
 - b. Distributive shock
 - c. Hemorrhagic shock
 - d. Supine hypotensive shock
49. **While treating a pregnant trauma patient, which of the following is the BEST way to keep the fetus alive?**
- a. Transport the patient to the closest pediatric center.
 - b. Treat the patient as any other trauma patient.
 - c. Do not put the patient on a spine board to prevent supine hypotensive syndrome.
 - d. None of the above
50. **By which of the following means does the fetus's blood pick up nourishment from the mother?**
- a. Direct circulation
 - b. Indirect circulation
 - c. Diffusion
 - d. Osmosis

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51. **Which of the following is an appropriate question to ask while evaluating a woman in labor?**
- Do you know who the father is and what is his medical history?
 - When was the last time you were sexually active?
 - Is this your first pregnancy?
 - None of these questions is appropriate.
52. **The condition in which the placenta separates from the uterine wall is known as which of the following?**
- Abruptio placentae
 - Placenta previa
 - Ectopic pregnancy
 - Preeclampsia
53. **You have been called for a 32-year-old female who is in active labor. During your assessment and interview, you note that she is 37 weeks along, this is her first child, and her contractions are 5 minutes apart. She also tells you that her pregnancy is considered "high risk." Your first concern should be:**
- assembling your delivery kit.
 - calling for a back-up unit.
 - getting to the hospital.
 - preparing for the delivery.
54. **You are called for a woman with severe abdominal pain. During your assessment and interview, she tells you that she is sexually active and there is a chance she could be pregnant. Her vital signs are pulse 122, respirations 22, blood pressure 96/62, and skin cool and pale. You should immediately suspect:**
- placenta previa.
 - ectopic pregnancy.
 - appendicitis.
 - internal bleeding.
55. **Your patient is a 26-year-old female with a history of ectopic pregnancies. She has called 911 for extreme abdominal pain and she is concerned that she has another ectopic pregnancy. Her vital signs are pulse 118, respirations 20, and blood pressure 100/76. Which of the following is true regarding ectopic pregnancies?**
- The fallopian tubes cannot stretch to accommodate a fetus.
 - The fertilized egg usually implants in the wall of the uterus.
 - It usually occurs during the second trimester.
 - It may cause painless bright red bleeding.
56. **Your pregnant patient is in active labor. You note that her contractions are getting closer together and much stronger as the baby moves deeper into the birth canal. The muscle contraction mechanism that moves the baby toward birth is the same mechanism that moves:**
- air down the bronchial tubes to the alveoli.
 - fluid into and out of the cell.
 - sweat to the surface of the skin.
 - food from the esophagus to the stomach.
57. **You are called to assess a pregnant woman who is approximately 7 months pregnant. She states that her pregnancy has been uneventful but she is experiencing intermittent headaches. Her vital signs are pulse 118, respirations 22, blood pressure 138/88, and blood sugar 148. Which of the following is true regarding a pregnant woman?**
- Her pulse rate should be lower than normal.
 - Her respirations usually remain the same during pregnancy.
 - Her blood pressure is usually higher during pregnancy.
 - Diabetes may be made worse during pregnancy.

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58. **You have been called for a young female in labor. She is lying on the floor in obvious distress from the labor pains. While you are assessing her for crowning, your partner is getting a set of vital signs. She tells you that she is getting dizzy and nauseated. Vital signs are pulse rate 120, respiratory rate 22, and blood pressure 98/62. You should be concerned that she has:**
- contracted food poisoning.
 - supine hypotensive syndrome.
 - Braxton-Hicks contractions.
 - placenta previa.
59. **Your pregnant patient is in active labor. She has been lying on her back throughout her labor and is experiencing signs and symptoms of shock. Her vital signs are pulse rate 118, respirations 22, blood pressure 96/62, and skin cool and diaphoretic. The best way to treat her is to:**
- give her some fluids to drink to help elevate her blood pressure.
 - elevate her legs to increase the blood return to the heart.
 - place a rolled blanket under her left hip to displace the uterus.
 - cover her up with a blanket to maintain body heat.
60. **You are called for a woman who is about to deliver. During the labor process, your patient's water breaks. She experiences a rush of warm water and an increase in uterine contractions. The purpose of the amniotic fluid is to:**
- provide lubrication during the delivery of the baby.
 - help maintain a constant fetal body temperature.
 - allow the fetus to float during development.
 - All of the above are functions of amniotic fluid.
61. **You have responded to a woman who has possible premature labor. She is 8 months pregnant and is experiencing labor pains. During your assessment, you note that the baby is not yet crowning. You need to determine whether delivery is imminent or not. You should next:**
- time her contractions.
 - complete a set of vital signs.
 - check for cervix dilation.
 - check the level of the fundus.
62. **You are assessing a patient in labor. Her contractions are 2 minutes apart lasting 30 seconds with increasing pain. The patient states that she feels the urge to push. These signs indicate which stage of delivery?**
- Third stage
 - Second stage
 - Fourth stage
 - First and second stage
63. **You respond to a call for a patient in active labor with her second child. Your interview with the patient shows that she is 40 weeks pregnant and has been in active labor for several hours. You determine that her vital signs are all within normal limits. After your physical exam, you determine the baby is crowning. You should next:**
- begin transport and plan to deliver in the ambulance.
 - prepare to deliver the baby on-scene.
 - delay delivery until arrival at the hospital.
 - contact medical direction for orders.

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64. **You are called for a possible imminent delivery. Your patient is a 15-year-old girl who is in your estimation about 8 months pregnant. She tells you that she has been hiding her pregnancy. You are especially concerned about problems she might have during the delivery. Which of the following are findings that may indicate the need for neonatal resuscitation?**
- A patient with a blood pressure of 130/82
 - A mother who has had five previous births
 - A young mother who has not had prenatal care
 - A patient whose water has already broken
65. **You have just delivered a full-term baby girl and she is doing well. You have dried her off and wrapped her in a warm blanket. You are preparing to cut the umbilical cord. Which of the following is normally true regarding cutting the umbilical cord?**
- The cord should be cut immediately following delivery.
 - The infant must be breathing on his own before you cut the cord.
 - You must try to cut the cord before it stops pulsating.
 - You should hold the baby above the level of the mother when cutting the cord.
66. **You have delivered a newborn and wrapped the baby in a dry blanket. During your reassessment of the mother, you note continued moderate vaginal bleeding. Care for this bleeding may involve all of the following *except*:**
- applying firm pressure with a sanitary napkin over the vaginal opening.
 - massaging the uterus to control bleeding.
 - having the mother squeeze her legs together to provide direct pressure.
 - elevating the mother's feet.
67. **You respond for an imminent delivery of a baby in the breech position. As you examine the mother, you see that the umbilical cord is protruding from the opening of the cervix. You realize that the most important care you can provide for this baby is to:**
- keep the baby off of the cord.
 - provide oxygen to the mother.
 - gently push the cord back into the vaginal space.
 - wrap the cord to prevent heat loss.
68. **You are assessing a pregnant woman whose chief complaint is vaginal bleeding. She is 8 months pregnant and has moderate, bright red bleeding. She says that her doctor was concerned about the location of the placenta. This condition is known as:**
- placenta disruption.
 - abruptio placenta.
 - unstable placenta.
 - placenta previa.

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1. c. fetus.
2. c. uterus.
3. d. Placenta
4. b. The presenting part of the baby being visible at the vaginal opening
5. c. Second
6. d. Both A and B
7. d. Thinning and dilation of the cervix
8. d. Advise the patient that this could be an indication that the baby is ready to be born and you need to check to see if the baby's head is visible.
9. c. Clear and colorless fluid
10. c. From the beginning of one contraction to the beginning of the next
11. d. A packet of suture material
12. b. A pair of shoelaces
13. c. Cover her with a sheet, have her remove her underwear, wait for a contraction, and then visualize the vaginal opening.
14. d. All of the above
15. c. Apply gentle pressure to the head with your gloved hand.
16. a. Use your fingers to tear the sac away from the baby's face.
17. b. Try to slip the cord over the baby's head and shoulder.
18. d. Hold the infant by the ankles to allow the airway to drain.
19. d. All of the above
20. b. relaxation of the extremities.
21. c. Rub the infant's back, tap the bottom of his foot, begin bag-valve-mask ventilations, and check the pulse.
22. b. Place oxygen tubing near the infant's face at a flow rate of 10 to 12 liters per minute.
23. d. 7
24. d. All of the above
25. d. 500 cc
26. d. All of the above
27. d. Place the mother in a head-down position with pillows under her hips.
28. d. All of the above
29. d. The infants will probably be smaller than a single infant and need attention in keeping them warm.
30. d. All of the above
31. c. Being prepared to suction the infant immediately before he takes a breath
32. d. The placenta is implanted over the opening of the cervix.
33. d. There is profuse vaginal bleeding.
34. d. Late in pregnancy
35. c. Phoning the patient's obstetrician for advice
36. c. place your fingers in the armpit to assist with delivery of the shoulders.
37. b. 37
38. c. 5.5
39. a. Wrapping the infant in a blanket, covering his head, and keeping the temperature in the ambulance between 90°F and 100°F
40. b. Lying on her left side
41. b. She may lose up to 35 percent of her blood volume before exhibiting signs of shock.
42. c. The death may occur weeks before delivery.
43. d. All of the above
44. b. Monitoring for hypovolemic shock
45. c. Maintain scene safety, treat immediate life threats, treat medical and psychological needs, and protect criminal evidence.
46. c. 9
47. c. 1 and 5 minutes
48. c. Hemorrhagic shock
49. b. Treat the patient as any other trauma patient.
50. c. Diffusion
51. c. Is this your first pregnancy?

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- 52. a. Abruptio placentae
- 53. c. getting to the hospital.
- 54. b. ectopic pregnancy.
- 55. a. The fallopian tubes cannot stretch to accommodate a fetus.
- 56. d. food from the esophagus to the stomach.
- 57. d. Diabetes may be made worse during pregnancy.
- 58. b. supine hypotensive syndrome.
- 59. c. place a rolled blanket under her left hip to displace the uterus.
- 60. d. All of the above are functions of amniotic fluid.
- 61. a. time her contractions.
- 62. d. First and second stage
- 63. b. prepare to deliver the baby on-scene.
- 64. c. A young mother who has not had prenatal care
- 65. b. The infant must be breathing on his own before you cut the cord.
- 66. c. having the mother squeeze her legs together to provide direct pressure.
- 67. a. keep the baby off of the cord.
- 68. d. placenta previa.